

RECEIVED

NOV 12 2019

Pacific Workers'



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-6

ADJUSTER: Mario Castro

Determination Date: 11/04/2019

RFA Received Date: 10/29/2019

Provider: Babak Jamasbi, MD

Pre-cert #: 139249073-UMO-6
 One Call PT / OCM
 Phone: 866-389-0211
 Fax: 904-998-0299
 Email: PT@onecallcm.com
 Online: myeasyreferral.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 11/04/2019 and is summarized below:

| THERAPY | | | | | | | | | | |
|---------------|-------------------------|----------------|--------------------|-------------|---------------------------|----------------------------|----------------|------------------|----------|----------|
| Determination | Type of Therapy | Total # Visits | Total Visits/ Week | Total Weeks | Body Part | CPT | Effective Date | Termination Date | Facility | Provider |
| Requested | Acupuncture | 12 | 0 | 0 | Left - Hand, Right - Hand | 97813, 97814, 97026, 97124 | | | | |
| Certified | Acupuncture | 12 | 0 | 0 | Left - Hand, Right - Hand | 97813, 97814, 97026, 97124 | 11/4/19 | 5/4/20 | | |
| Requested | Other - Massage therapy | 6 | 0 | 0 | Left - Hand, Right - Hand | 97124 | | | | |
| Certified | Other - Massage therapy | 6 | 0 | 0 | Left - Hand, Right - Hand | 97124 | 11/4/19 | 5/4/20 | | |

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.



Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On November 4, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Executed on November 4, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "Linda A. Shockley", is placed above a horizontal line.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On November 4, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Executed on November 4, 2019 at Milwaukie, OR 97222.

I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.



Becca Guimont

Signature

File: 040519008736, Shockley Jonathan